


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <i>LifeLine Medical Services, Inc.</i>			
2. Principal Office Address <i>3192 West Midway Road</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>Same</i> Suite, Apt. #, etc.	
City & State <i>Ft. Pierce FL.</i>		City & State	
Zip <i>34981</i>	Country <i>USA</i>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <i>4/15/85</i>		Applied For <input type="checkbox"/>
5. FEI Number <i>59-2520013</i>		Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <i>DEBORAH CROUSE</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>3192 WEST MIDWAY ROAD</i>		
Suite, Apt. #, Etc.		
City <i>FT PIERCE, FL.</i>	State <i>FL</i>	Zip Code <i>34981</i>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent _____	Date _____
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>President</i>	<i>Joseph R. Prokelle</i>	<i>419 MAIN ST. P.O. Box 179</i>	<i>Cromwell, CT 06416</i>
<i>Secretary</i>	<i>Richard J. Casella</i>	<i>419 MAIN ST P.O. Box 179</i>	<i>Cromwell, CT 06416</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: <i>Richard Casella</i>	Date: <i>4/4/03</i> (800) 228-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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